

IOWA PUBLIC CHARTER SCHOOL
Application for Public Charter School Status
for
2004-2005

Application Information Sheet

Name of Proposed School: _____

Applicant: _____

Address: _____

City, State, Zip: _____

Telephone Number: Day (____) _____ Fax Number: (____) _____

Evening: (____) _____ Other: (____) _____

E-Mail Address: _____

Brief description of proposed school (for media distribution):

County (geographic location of proposed school): _____

Local School District (geographic location of proposed school): _____

Intermediate School District (geographic location of proposed school): _____

Name of Educational Service Provider (if applicable): _____

Number of Students in the district by elementary, middle and high school as appropriate to the charter school:

_____ students in elementary school

_____ students in middle school

_____ students in high school

Is the proposal a new school with an existing school? _____ YES _____ NO

Is the proposal converting an existing school to charter school status? _____ YES _____ NO